

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51					
2							52					
3	1						53					
4	1						54					
5	2						55					
6	2						56					
7	2						57					
8	2						58					
9	2						59					
10	2						60					
11	1						61					
12	1						62					
13	2						63					
14	2						64					
15	2						65					
16	2						66					
17	2						67					
18	2						68					
19	2						69					
20	2						70					
21	2						71					
22	2						72					
23	2						73					
24	2						74					
25	2						75					
26	2						76					
27	2						77					
28	2						78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2						TOTAL IND.					
TOTAL DEP.	3	0					TOTAL DEP.					
TOTAL CLAIMS	3	1					TOTAL CLAIMS					